Little Traverse Bay Bands of Odawa Indians

7500 ODAWA CIRCLE
HARBOR SPRINGS, MI 49740
PHONE: (231) 242-1632
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Please print

Requestor

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____

	Name	DOB	Social Security Number	Tribal Number
Deceased				
Father				
Mother				

Residence Information

Address _____

City _____ **State** _____ **Zip** _____

Funeral Home (if applicable)

Name _____

Director _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ **Fax #**

- ❑ I am requesting assistance for the burial costs of my family member.
- ❑ I understand that the citizenship status of the deceased person shall be verified before any burial funds can be processed.
  - o If request is for a child less than one (1) year of age eligibility for citizenship shall be verified before any burial funds can be processed.
- ❑ I understand that there is a six (6) month statutory time limit for submission of original invoices and/or receipts, including but limited to the following expenses:
  a. Funeral Services/Funeral Director Fees
  b. Cosmetics for burial process
  c. Casket or other container
  d. Cremation or embalming expense
  e. Cemetery and/or ground opening expense
  f. Grave Markers
  g. Floral arrangements
  h. Transportation: (Funeral home to cemetery, etc)
  i. Clergy or officiate
  j. Drum/Pipe Carrier/Music/Spirit Medicines
  k. Catering
  l. Food or supplies for feasts or ceremonies
  m. Guest books
  n. Photos/Photo albums
  o. Printing
  p. Or other similar expenses
- ❑ I understand that is a one-time payment request and that I must provide an original death certificate to the Little Traverse Bay Bands of Odawa Indians Enrollment Office.
- ❑ I understand that I must provide original receipts for any paid expenses associated with burial costs.

_____ _____

Signature of Requestor Date

For Office Use Only—
This section will be completed by Human Services.

Date Requested Received:_____ 6 Month Time Limit:_____

Citizenship Verified:_____ Requested: Approved____ Denied____

Amount of Assistance:_____ Reason for denial_____